

2024 Covered California Plan Benefits

PLAN NAME	PLATINUM COPAY	GOLD COPAY	SILVER 70	SILVER 73 CSR 250	SILVER 87 CSR 200	SILVER 94 CSR 150	BRONZE	MINIMUM COVERAGE CATASTROPHIC	\$0 AIAN
Deductible -- Ind	\$0	\$0	\$5,400	\$0	\$0	\$0	\$6,300	\$9,450	\$0
Deductible -- Fam	\$0	\$0	\$10,800	\$0	\$0	\$0	\$12,600	\$18,900	\$0
Rx Deductible -- Ind	\$0	\$0	\$150	\$0	\$0	\$0	\$500	combined w/ medical	\$0
Rx Deductible -- Fam	\$0	\$0	\$300	\$0	\$0	\$0	\$1,000	combined w/ medical	\$0
Max OOP -- Ind	\$4,500	\$8,700	\$9,100	\$6,100	\$3,000	\$1,150	\$9,100	\$9,450	\$0
Max OOP -- Fam	\$9,000	\$17,400	\$18,200	\$12,200	\$6,000	\$2,300	\$18,200	\$18,900	\$0
Primary Care Office Visit	\$15	\$35	\$50	\$35	\$15	\$5	\$60 deductible waived for first 3 non-preventive office visits, combined with primary care, specialty care, and urgent care \$60 after ded for subsequent visits	0% deductible waived for first 3 non-preventive office visits, combined with primary care, urgent care, BH/SUD office visits 0% after ded for subsequent visits	\$0
Specialist Office Visit	\$30	\$65	\$90	\$85	\$25	\$8	\$95 deductible waived for first 3 non-preventive office visits, combined with primary care, specialty care, and urgent care \$95 after ded for subsequent visits	0% after ded	\$0
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0% pre-ded	\$0
Lab	\$15	\$40	\$50	\$50	\$20	\$8	\$40	0% after ded	\$0
X-ray/Diag Imaging	\$30	\$75	\$95	\$95	\$40	\$8	40% after ded	0% after ded	\$0
Adv Imaging (CT/PET, MRI)	\$75	\$75	\$325	\$325	\$100	\$50	40% after ded	0% after ded	\$0
OP Surgery Facility	\$75	\$130	30%	30%	20%	10%	40% after ded	0% after ded	\$0
OP Surgical Physician/Surgeon	\$20	\$40	30%	30%	20%	10%	40% after ded	0% after ded	\$0
OP Visit	10%	20%	30%	30%	20%	10%	40% after ded	0% after ded	\$0
ER Facility (waived if admitted)	\$150	\$350	\$450	\$350	\$150	\$50	40% after ded	0% after ded	\$0
ER Physician (waived if admitted)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0% after ded	\$0
Ambulance	\$150	\$250	\$250	\$250	\$75	\$30	40% after ded	0% after ded	\$0
Non-Emergent Medical Transportation	\$150	\$250	\$250	\$250	\$75	\$30	40% after ded	0% after ded	\$0
Urgent Care Facility	\$15	\$35	\$50	\$35	\$15	\$5	\$60 deductible for first 3 non-preventive office visits, combined with primary care, specialty care, and urgent care \$60 after ded for subsequent visits	0% deductible waived for first 3 non-preventive office visits, combined with primary care, urgent care, BH/SUD office visits 0% after ded for subsequent visits	\$0

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